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**CERTIFICATE OF FACSIMILE TRANSMISSION TO THE
UNITED STATES PATENT AND TRADEMARK OFFICE**

DATE: June 17, 2004

TO: Examiner: Alfred Basichas : **RE: U.S. Patent Application**
Art Unit: 3749 : **Serial No.: 10/065,395**
Fax: (703) 872-9306 : **Applicant: Brian M. Steurer**
From: Thomas M. Fisher : **Atty. Dkt. No.: 9D-RG-19958**

DOCUMENTS SUBMITTED WITH TRANSMISSION:

- **Amendment After Final Under 37 CFR § 1.116 (13 pgs.);**
- **Amendment Transmittal (3 pages)**
- **Request For Continued Examination (RCE) (1 page)**
- **Certificate of Facsimile Transmission (1 page)**


Total pages including cover page: 18

If all pages are not received, please contact: Laura Davis at Ext. 7447

RE: The above referenced U.S. Patent Application
Title: MOTORIZED GAS LOCKOUT VALVE FOR GAS RANGE
Filed: October 11, 2002
AT File No: 13307-472

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that these papers are being facsimile transmitted to the U.S. Patent and Trademark Office, Facsimile Number (703) 872-9306 on the date shown above.


Thomas M. Fisher, Reg. No.: 47,564

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PATENT
Attorney Docket No.: 9D-RG-19958

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Brian M. Steurer
Serial No.: 10/065,395
Filed: October 11, 2002
For: **MOTORIZED GAS LOCKOUT
VALVE FOR GAS RANGE**
Group No.: 3749
Examiner: Basichas, Alfred

Mail Stop: RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL

1. Transmitted herewith is:
 - Amendment After Final Under 37 CFR § 1.116 (13 pgs.)
 - Amendment Transmittal (3 pages)
 - Request for Continued Examination (RCE) (1 page)
 - Certificate of Facsimile Transmission (1 page)

STATUS

2. Applicant
☒ claims small entity status.
☐ is other than a small entity.

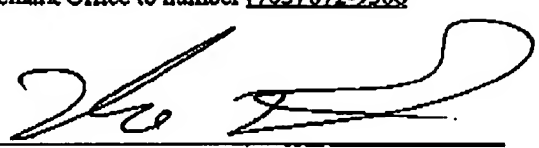
CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8a)

I hereby certify that this correspondence is, on the date shown below, being:

MAILING
___ deposited with the United States Postal Service with sufficient postage as Express Mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 *Express Mail No.:* EV US

Date: June 17, 2004

FACSIMILE
✓ transmitted by facsimile to the Patent and Trademark Office to number (703) 872-9306


Thomas M. Fisher
Reg No. 47,564

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) _____ Applicant petitions for an extension of time under 37 C.F.R. 1.136
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
_____ first month	\$ 110.00	\$ 55.00
_____ second month	\$ 400.00	\$ 200.00
_____ third month	\$ 920.00	\$ 460.00
_____ fourth month	\$1,440.00	\$ 720.00
_____ fifth month	\$1,960.00	\$ 980.00

Fee: \$ _____

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

_____ An extension of _____ months has already been secured. The fee paid therefor \$ _____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$.

OR

- (b) ☒ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)		(Col. 2)	(Col. 3)	SMALL ENTITY		OTHER THAN SMALL ENTITY
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL RATE FEE	OR	ADDITIONAL RATE FEE
TOTAL INDEP.	MINUS		=0	x \$9 = \$		x \$18 = \$
	MINUS		=0	x \$42 = \$		x \$84 = \$
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+ \$130 = \$		+ \$280 = \$
				TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$

- (a) ☒ No additional fee for Claims is required

OR

- (b) _____ Total additional fee for claims required \$ _____

FEE PAYMENT


5. _____ Attached is a check in the sum of \$ _____
 _____ Charge Deposit Account No. 01-2384 the sum of \$.
 A duplicate of this transmittal is attached.

FEE DEFICIENCY

6. ☒ If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

- ☒ If any additional fee for claims is required, charge Deposit Account No. 01-2384.
7. _____ Other:


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